

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 16-31, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

OMB Approval No. 0348-0043

## APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier C9 96906801
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		<div style="text-align: center;"> <b>RECEIVED</b>  <b>DEC 16 2004</b>  <b>STATE CLEARING HOUSE</b> </div> Organizational Unit: Division of Financial Assistance Name and telephone of person to be contacted on matters involving this application (give area code): Lana Jurkevics (916) 341-5498	
6. Employer Identification Number (EIN): 68-0281986		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify) _____	
8. Type of Application: New _____ <input checked="" type="checkbox"/> Revision _____ Continuation _____ If Revision, enter appropriate letter(s): <u>A</u> _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		9. Name of Federal Agency: U. S. Environmental Protection Agency	
10. Catalog of Federal Domestic Assistance Number 66.460 Title: Nonpoint Source Implementation Grants		11. Descriptive Title of Applicant's Project:  Implement and coordinate activities and projects under the Clean Water Act, Section 319(H) for funding nonpoint source management projects.	
12. Area Affected by Project: (cities, counties, states, etc.) California			
13. Proposed Project: Start Date 7/1/2004 End Date 6/30/2009		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$0 b. Applicant \$0 c. State \$0 d. Local \$0 e. Other -- "In-Kind" \$777,179 f. Program Income \$0 g. TOTAL \$777,179		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: December 16, 2004 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____ <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantu		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> December 7, 2004	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

  

<b>5. APPLICANT INFORMATION</b> Legal Name: Dos Palos Joint Unified School District Address (give city, county, State, and zip code): Dos Palos, Merced County, California 93620		Organizational Unit: Dos Palos State Preschool Name and telephone number of person to be contacted on matters involving this application (give area code): Dwight Thompson 209-392-2151																						
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             00 — 0303897           </div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">             A. State              B. County              C. Municipal              D. Township              E. Interstate              F. Intermunicipal              G. Special District           </div> <div style="width: 45%;">             H. Independent School Dist.              I. State Controlled Institution of Higher Learning              J. Private University              K. Indian Tribe              L. Individual              M. Profit Organization              N. Other (Specify) <u>School District</u> </div> </div>																							
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> United States Department of Agriculture																						
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             10 — 766           </div> TITLE: _____		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Playground for preschool and local community.																						
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Dos Palos/South Dos Palos, Merced County																								
<b>13. PROPOSED PROJECT</b> Start Date: 8/15/04    Ending Date: 7/30/05		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: Dwight Thompson    b. Project: Preschool/community playground																						
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>42675<sup>00</sup></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>34915<sup>00</sup></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>77,590<sup>00</sup></td> </tr> </table>		a. Federal	\$	42675 <sup>00</sup>	b. Applicant	\$	34915 <sup>00</sup>	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	77,590 <sup>00</sup>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 12/10/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	42675 <sup>00</sup>																						
b. Applicant	\$	34915 <sup>00</sup>																						
c. State	\$																							
d. Local	\$																							
e. Other	\$																							
f. Program Income	\$																							
g. TOTAL	\$	77,590 <sup>00</sup>																						
		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																								
a. Type Name of Authorized Representative F. Dwight Thompson		b. Title Principal	c. Telephone Number (209) 392-2151																					
d. Signature of Authorized Representative 		e. Date Signed 12/07/04																						

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>2. DATE SUBMITTED</b> December 14, 2004	Applicant Identifier CMA 04-2																																																																																																																																												
Pre-application <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b>	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier																																																																																																																																													
<b>5. APPLICANT INFORMATION</b> Legal Name: County of Ventura Organizational DUNS: 129771036 <b>Address:</b> Street: 555 Airport Way, Suite B City: Camarillo County: Venutra State: CA Zip Code: 93010 Country: USA		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> Federal Identifier NPIAS 3-06-0339-22 <b>Organizational Unit:</b> Department: Department of Airports Division: <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Scott Middle Name: E. Last Name: Smith Suffix: Email: scott.smith@mail.co.ventrua.ca.us Phone Number (give area code) (805) 388-4200 Fax Number (give area code) (805) 388-4366																																																																																																																																													
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-6000944		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B Other (specify)																																																																																																																																													
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> <b>Revision</b> If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Aviation Administration, Western Pacific Region																																																																																																																																													
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Airport Improvement Program 20-106		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Airfield Drainage Infield & Ramp Rehab East & West Ramps (construction) Rehabilitation of PCC Aprons & Taxiways (construction phase 2) Perimeter Fence Upgrade, South Side (design & construction) Rehabilitation of PCC Aprons & Taxiways (design phase 3)																																																																																																																																													
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Ventura County		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 23 & 24 b. Project 24																																																																																																																																													
<b>13. PROPOSED PROJECT</b> Start Date: July 2005 Ending Date: December 2005		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																																																																																																																													
<b>15. ESTIMATED FUNDING:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		a. Federal	\$																			b. Applicant	\$																			c. State	\$																			d. Local	\$																			e. Other	\$																			f. Program Income	\$																			g. TOTAL	\$																			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$																																																																																																																																														
b. Applicant	\$																																																																																																																																														
c. State	\$																																																																																																																																														
d. Local	\$																																																																																																																																														
e. Other	\$																																																																																																																																														
f. Program Income	\$																																																																																																																																														
g. TOTAL	\$																																																																																																																																														
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> a. Authorized Representative Prefix Mr. First Name Scott Middle Name E. Last Name Smith Suffix Title Director of Airports Telephone Number (give area code) (805) 388-4200 Signature of Authorized Representative Scott E. Smith Date Signed December 14, 2004																																																																																																																																															

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> December 14, 2004		Applicant Identifier OXR 04-2	
		<b>3. DATE RECEIVED BY STATE</b>		State Applicant Identifier	
<b>Preapplication</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier NPIAS 3-06-0179-24	

  

<b>5. APPLICANT INFORMATION</b>																			
<b>Legal Name:</b> County of Ventura			<b>Organizational Unit:</b> Department of Airports																
<b>Address (give city, county, state, and zip code):</b> Department of Airports 555 Airport Way Camarillo, CA 93010			<b>Name and telephone number of the person to be contacted on matters involving this application (give area code)</b> Scott E. Smith (805) 388-4200																
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           9 5 - 6 0 0 0 9 4 4         </div>			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">B</div> <table style="width:100%; font-size: small;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify) _____</td> </tr> </table>			A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify) _____
A. State	H. Independent School Dist.																		
B. County	I. State Controlled Institution of Higher Learning																		
C. Municipal	J. Private University																		
D. Township	K. Indian Tribe																		
E. Interstate	L. Individual																		
F. Intermunicipal	M. Profit Organization																		
G. Special District	N. Other (Specify) _____																		
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <input type="checkbox"/> </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> <span>A. Increase Award</span> <span>B. Decrease Award</span> <span>C. Increase Duration</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>D. Decrease Duration</span> <span>Other (specify): _____</span> </div>			<b>9. NAME OF FEDERAL AGENCY:</b> Federal Aviation Administration Western Pacific Region																
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">           2 0 . 1 0 6         </div> <b>TITLE:</b> Airport Improvement Program			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Upgrade security fencing, north side (design & construct) Rehabilitate Airport Pavement Including Drainage (design) Relocate Runway "7" Departure Threshold (Declared Distance) Rehabilitate Segmented Circle Rehabilitate Pavement Including Drainage, Blast Pad (construction) North Side Property Acquisition, phase 2, additional funding																
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> <div style="text-align: center; margin-top: 10px;">Ventura County</div>																			

  

<b>13. PROPOSED PROJECT:</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date	Ending Date	a. Applicant	b. Project
July 2005	December 2005	19 and 21	21

  

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 2,455,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 129,211.00		
c. State	\$ .00		
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 2,584,210.00		

  

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
a. Typed Name of Authorized Representative Scott E. Smith		b. Title Director of Airports
c. Telephone number (805) 388-4200		e. Date Signed December 14, 2004
d. Signature of Authorized Representative 		

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		<b>2. DATE SUBMITTED</b> 12-22-04	<b>Applicant Identifier</b>
<b>1. TYPE OF SUBMISSION</b> Application	Preapplication	<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>Federal Identifier</b> A 009094-04-0
<b>5. APPLICANT INFORMATION</b>			
<b>Legal Name:</b> SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT		<b>Organizational Unit:</b>	
<b>Address (give city, county, state, and zip code):</b> 21865 COPLEY DRIVE DIAMOND BAR, CA 91765		<b>Name and telephone number of the person to be contacted on matters involving this application (give area code)</b> Mary Leonard (909) 396-2780	
<b>6. EMPLOYER IDENTIFICATION (EIN):</b> 953099419  <b>Organizational DUNS:</b> 025986159		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter here) <u>N</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): <u>Regional Agency</u>	
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: <u>Carryover</u>		<b>9. NAME OF FEDERAL AGENCY:</b>  U.S. Environmental Protection Agency	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <u>66.001</u> <b>TITLE:</b> Air Pollution Control Program Support		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> FY 2004-05 Air Pollution Control Program Support	
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Orange, and the and non-desert areas of San Bernardino, Los Angeles, and Riverside Counties			
<b>13. PROPOSED PROJECT:</b>		<b>14. CONGRESSIONAL DISTRICT OF:</b>	
Start Date	End Date	a. Applicant:	b. Project:
10/01/04	09/30/05	23-49	23-49
<b>15. Estimated Funding:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 573,193	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE <u>12/22/04</u>	
b. Applicant	\$ 0	b. NO.	
c. State	\$ 0	<input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 573,193		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Typed Name of Authorized Representative:</b> Barry R. Wallerstein, D.Env.		<b>b. Title:</b> Executive Officer	<b>c. Telephone Number</b> (909) 396-2100
<b>d. Signature of Authorized Representative</b> <i>Carol Cox for Barry Wallerstein</i>		<b>e. Date Signed</b> 22 December 2004	

Previous Editions Not Usable

AUTHORIZED FOR LOCAL REPRODUCTION

Standard Form 424A (REV 4-88)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

November 19, 2004

Applicant Identifier

1. TYPE OF SUBMISSION  
Application X

Presapplication

3. DATE RECEIVED BY STATE

State Application Identifier

☐ Construction  
X Non-Construction

☐ Construction  
☐ Non-Construction

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

DEC 14 2004

5. APPLICANT INFORMATION PUNS Number: 15-304-1538

Legal Name: PIT RIVER TRIBE

Organizational Unit: N/A

Address (give city, county, state, and zip code):

37014 MAIN STREET, BURNEY (SHASTA COUNTY), CA 96013

Name and telephone number of the person to be contacted on matters involving this application (give area code) MICHELLE BERDITSCHIEVSKY, Env. Coord. 530 335 5062 OR ALEXIS BARRY, Tribal Administrator 530 335 5421

6. EMPLOYER IDENTIFICATION (EIN)  
94-2424153

7. TYPE OF APPLICANT: (enter appropriate letter here) K

8. TYPE OF APPLICATION:

X New ☐ Continuation ☐ Revision  
If Revision, enter appropriate letter(s) in box(es): ☐ ☐  
A. Increase Award B. Increase Award  
C. Increase Duration D. Increase Duration  
Other Specify:

RECEIVED

DEC 22 2004

STATE CLEARING HOUSE

9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF AGRICULTURE

10. CATALOG OF FEDERAL  
DOMESTIC ASSISTANCE NUMBER: 10.760

TITLE: Water & Waste Disposal Loan & Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

PIT RIVER TRIBE SOLID WASTE PICKUP & RECYCLING SERVICE

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

PARTS OF SHASTA, MODOC AND SISKIYOU COUNTIES IN CALIFORNIA. CITIES OF BURNEY, ALTURAS

13. PROPOSED PROJECT:

14. CONGRESSIONAL DISTRICT OF:

FIRST DISTRICT REP. WALLY HERGER

Start Date

End Date

a. Applicant: District 1

b. Project: District 1

JANUARY 1, 2005

DEC. 31, 2005

15. Estimated Funding: \$148,041

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE

b. NO.  
X PROGRAM IS NOT COVERED BY E.O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

a. Federal \$ 58,000

b. Applicant \$

c. EPA SOLID WASTE \$ 56,041

d. Local \$

e. EPA GAP \$ 34,000

f. Program Income \$

g. TOTAL \$ 148,041

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.

X No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative JESSICA JIM

b. Title: TRIBAL CHAIR

c. Telephone Number 530 335 5421

d. Signature of Authorized Representative

e. Date Signed

12-10-04

Previous Editions Not Valid

Standard Form 424A (REV 4-88)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 12/14/04		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY DEC 17 2004		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Burney Fire Protection District			Organizational Unit: Fire / EMS District		
Address (give city, county, State, and zip code): 37072 Main Street Burney, CA 96013 - Shasta County			Name and telephone number of person to be contacted on matters involving this application (give area code) Robert C. May, Fire Chief 530-335-2212		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0037379			7. TYPE OF APPLICANT: (enter appropriate letter in box) G		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities			9. NAME OF FEDERAL AGENCY: USDA - Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Town of Burney; communities of Montgomery Creek, Hat Creek Cassel, Old Station, Clark Creek, Moose Camp - Shasta County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ambulance Chassis replacement and remount of existing modular body.		
13. PROPOSED PROJECT Chassis Replacement		14. CONGRESSIONAL DISTRICTS OF:			
Start Date Feb 2005	Ending Date June 2005	a. Applicant 2nd		b. Project 2nd	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW OF:			
b. Applicant	\$	DATE 12-27-04			
c. State	\$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
g. TOTAL	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Robert C. May		b. Title Fire Chief		c. Telephone Number 530-335-212	
d. Signature of Authorized Representative Robert May				e. Date Signed 12-14-04	

Previous Edition Usable  
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102



**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 21 DECEMBER 2004		Applicant Identifier																						
		<b>3. DATE RECEIVED BY STATE</b> 30 NOVEMBER 2004		State Application Identifier																						
<b>Pre-application</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier																						
<b>5. APPLICANT INFORMATION</b>																										
Legal Name:			Organizational Unit:																							
HOUSING AUTHORITY OF THE COUNTY OF RIVERSIDE			Department: HOUSING AUTHORITY OF THE COUNTY OF RIVERSIDE																							
Organizational DUNS: 05-502-2305			Division: HOUSING AUTHORITY OF THE COUNTY OF RIVERSIDE																							
Address:			Name and telephone number of person to be contacted on matters involving this application (give area code)																							
Street: 5555 ARLINGTON AVENUE			Prefix: NONE		First Name: EMILIO																					
City: RIVERSIDE			Middle Name NONE																							
County: RIVERSIDE			Last Name RAMIREZ																							
State: CALIFORNIA		Zip Code 92504	Suffix: NONE																							
Country: UNITED STATES			Email: ERAMIREZ@RIVCOEDA.ORG																							
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95-6001631			Phone Number (give area code) 951.343.5473		Fax Number (give area code) 951.352.4852																					
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) TRANSFER AND ASSUMPTION			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) COUNTY Other (specify)																							
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-415			<b>9. NAME OF FEDERAL AGENCY:</b> UNITED STATES DEPARTMENT OF AGRICULTURE - RD																							
TITLE (Name of Program):			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> RIPLEY FARM WORKER HOUSING CENTER																							
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> UNINCORPORATED COMMUNITY OF RIPLEY, RIVERSIDE COUNTY			<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> <b>RECEIVED</b>  <b>DEC 31 2004</b>  <b>STATE CLEARING HOUSE</b> </div>																							
<b>13. PROPOSED PROJECT</b> Start Date: FEBRUARY 2005    Ending Date: FEBRUARY 2025																										
<b>15. ESTIMATED FUNDING:</b>			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 44 - KEN CALVERT    b. Project: 45 - BONO																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>3,795,110</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>1,458,018</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>3,000,000</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>8,253,128</td> </tr> </table>			a. Federal	\$	3,795,110	b. Applicant	\$	1,458,018	c. State	\$	3,000,000	d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	8,253,128	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
a. Federal	\$	3,795,110																								
b. Applicant	\$	1,458,018																								
c. State	\$	3,000,000																								
d. Local	\$																									
e. Other	\$																									
f. Program Income	\$																									
g. TOTAL	\$	8,253,128																								
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																							
<b>a. Authorized Representative</b>																										
Prefix MS.		First Name SUSAN		Middle Name																						
Last Name WAMSLEY		Suffix																								
b. Title EXECUTIVE DIRECTOR		c. Telephone Number (give area code) 951.343.5400																								
d. Signature of Authorized Representative		e. Date Signed 21 DECEMBER 2004																								